

Sullivan County Council of Governments
PO Box 239
Dushore, PA 18614
570-928-9780

Application for Formal UCC Appeal to COG Joint Board of Appeals

Please check the appropriate space indicating the type of application requested:

Appeal Variance Extension of Time

Application Fee: \$ 1,000.00 *

Applicant Name: _____

Address: _____

Municipality: _____ Zip Code: _____

Telephone Number: (____) _____ - _____

*Money not spent on appeal will be reimbursed/any fees that accumulate above the application fee will be the responsibility of the applicant payable in full.

Please describe your request in the space provided: _____

Signature of person requesting appeal and Date _____

Please note that all accessibility Appeals must be made to the Accessibility Advisory Board:

.....
For Internal Use:

Date Application Received: _____

Date of Hearing: _____

Hearing Location: _____

Advertisement Date: _____

Invoices for Hearing: \$ _____.

Board Members Contacted Solicitor Contacted Stenographer Contacted Code Inspections Inc Contacted